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Original.

PLEURISY.

BY E. S. M'KEE, M. D., CINCINNATI.

The etiology and pathology of pleurisy is carefully studied by Prince Ferdinand Ludwig (1). The number of cases was 23; the exudates were serous in nine cases, in which there was one death; sero-purulent in one case; purulent in twelve cases, with five deaths; sanguino purulent in one case. Of the nine cases of serous exudate, two were caused by pneumococci, two by staphylococcus and five were free from bacteria. Of these latter, however, four were tuberculous. The sero-purulent exudate contained a diplococcus. Of the twelve cases of empyema, two were caused by diplococci, five by streptococci (two deaths), two by tubercle bacilli (both died), two by diplococci and streptococci (one death), one by staphylococci and streptococci. Spontaneous absorption of exudate took place in five cases; aspiration alone was sufficient in three cases. Resection of the rib was practiced in ten cases with a mortality of 20 per cent. The prognosis of the cases is good with the meta-pneumonic primary staphylococci exudate, the primary stretococci and bloody empyema in order named. He concludes the greater number of serous exudates are from bacteria. The greater number of those free from bacteria are tuberculous. Some serous exuing bacteria. The greater number of empyemas are caused by streptococcus dates remain so in spite of pus-producpyogenes, but the other bacteria may also be the causative factors. The infection of the lung tissue follows a lesion of the lung tissue in most cases. An exudate of toxic or mechanical nature must be recognized.

In contradistinction to the idea advanced by Prinz Ferdinand that the exudate in streptococcus pleurisies inevitably becomes purulent, Goldscherder (2) reports three such cases where the exudate remained sero-fibrinous throughout the course of the disease, being purulent at no time.

The etiology of pleurisy was bacteriologically studied by Jakowski (3) in 52 cases. He concludes pleurisy to be of bacteriological origin, although the bacteria may not be found in the exudation. He considers the majority of primary, non-tubercular pleurisies are due to the diplococcus of Fraenkel. The most frequent cause aside from these is the streptococcus pyogenes. Serous effusions containing the latter are much more likely to become purulent than those which contain only the diplococcus. The most favorable prognosis is to be given in cases which contain only the Fraenkel diplococcus.

The etiology of exudative pleurisy has been carefully studied by Prudden (4). In his 21 cases of sero-fibrinous pleuritis the exudate revealed bacteria in only two, and in these two cases, which were associated with acute lobar pneumonia, the pneumococcus was the only germ found.

A case of chylous pleurisy is reported by Turney (5). At the necropsy the abdomen was found to contain about five ounces of milky fluid, and the right pleura two pints. In the left pleura there was a pint of turbid serum with

some fat held in suspension. The thoracic duct was dilated in its whole extent, and it was blocked at its outlet by thrombosis of the internal jugular and subclavian veins limited to that spot. The liver appeared normal. The general glandular enlargement was due to infiltrations with carcinomatous deposit, secondary to scirrhus of the pylorus. The inner surface of the stomach was also covered with secondary nodules. Dr. Turney suggests that the thromboid around the opening of the thoracic duct was due to the lodgment there of a cancerous embolus. In support of this theory he adduces the general disintegration of the growth through the lymphatic system and the difficulty of otherwise explaining the thrombosis.

Parapneumonic pleurisy is described by Lemoine (6). He has observed seven cases of pneumonia complicated by pleurisy, both diseases developing simultaneously. The author thus distinguishes from the pleurisies which develop at the decline or during the convalescence of pneumonia.

The parapneumonic pleurisy begins generally with the pneumonia, or at least follows its appearance very closely. In most cases the effusion is discovered on the second or third day of the illness. The effusion develops rapidly, and may disappear as quickly. It is exceptional to see a parapneumonic serous effusion become purulent. In the very rare cases where it does so, it is not due to pneumococci, but to the ordinary micro-organisms of suppuration, streptococci or staphylococci. This is then the great distinguishing point: in parapneumonic pleurisies the effusion in the first is always serous, and in the second is nearly always purulent.

Loculated pleuritic effusion, which is reported by Hood, is clinically important. It demonstrates a cause not usually recognized of the so-called dry-tapping in pleurisy; the entry of the aspirating needle into a dense septum between loculi. The pleural cavity was occupied by numerous loculi separated from one another by dense fibrous bands, some at least half an inch thick. In the first three punctures the needle had plunged into the dense fibrous septa which divided the loculi. The fourth alone reached fluid, but unfortunately only reached one of the smaller cavities. The anatomical condition of the left chest explained completely the conflicting physical symptoms which had been noted before death, and which might have been accounted for by a new growth or a consolidation of the lung; in fact, many who examined the patient's chest considered the presence of fluid contraindicated.

Diaphragmatic pleurisy is quite common in the lighter grades, where it may be mistaken for pleurodynia or a tender point of neuralgia. Both sides are affected alike frequently. The determining cause, as in all pleurises, is a microbic infection. The exudate may be purulent or subfibrinous. The pleurisy may be primary or secondary. The former arises from cold, traumatism, excessive labor. The secondary form occurs after influenza, typhoid, articular rheumatism, heart disease, Bright's disease, or may extend from a costo-parietal pleurisy, mediastinal lesion, pulmonary tuberculosis, pneumonias hepatic abscesses, hydatid cysts, biliary calculus, peri hepatitis, cirrhosis, perisplenitis, abscesses and tumors of the kidney and peritonitis. In women pelvic peritonitis is a frequent cause. A very constant and characteristic sign is the so-called diaphragmatic button, a tender spot two fingers' length from the linea alba at the level of the tenth rib. It can be found even when there is no spontaneous pain. There is also tenderness along the attachment of the diaphragm and another very tender spot on this line near the spinal column, as well as along the course of the phrenic nerve. The physical signs are depression of the tenth rib, enlargement of that side of the chest at the same level, decrease of vocal fremitis and absence of respiratory murmur. Other symptoms are those of other pleurisy.

Pleuritic Eclampsia, a rare and interesting case, is reported by Talamon[7]. In the case reported there had been no suppuration, and the epileptic attack was produced spontaneously without any artificial irritation of the peura. The author thinks it reasonable to suppose that the phenomena were due to the sudden entrance into the blood of a toxic substance, which acts upon the brain, and probably the bulb, as a convulsive poison. In this particular case the poison would be the toxic of pneumonia. For the production of convulsions we must suppose one of two conditions, either a special susceptibility of the subject or the entrance into the cir-

culation of an abnormal quantity of poison.

Sudden death in plurisy, the amount of fluid being very moderate, is reported by Leseuer (8). On the eighth day the effusion occupied two-thirds of the pleural cavity. After that it began to diminish, and on the twelfth day respiration sounds could be heard all over the affected side. Getting up without permission, she was seized with severe pains, and a feeling of suffocation. Her lips were found blue and pulse thready. She died in less than four hours. No disease of the heart or lungs could be detected. Leseuer suggests the cause of death in arrest of the heart by means of reflex irritation, caused by intercostal neuritis acting on the inhibitory cardiac apparatus. Another case is reported by Thomson (9), in which the effusion was considerable, and in which the reporter believes the heart under such circumstances was unable to longer successfully combat the increased peripheral resistance offered by the diminished lung area, and thus succumbed.

The preventive treatment of pleuritic exudation is described by Volloud (10). It is to stringently impose absolute rest in the recumbent posture on the slightest indication of the formation of pleuritic fluid. If there is a small quantity of fluid the exudation has a natural tendency to alter its position if the patient is allowed to raise himself in bed; this causes a gradual but certain compression of the lung in a new locality. While the fluid is changing its position, a negative pressure is exerted on the portion of the lung which has been contiguous. As expansion of the lung cannot at once fill the space produced, blood and lymph exude, thereby increasing the quantity of effusion. Secondly, the resultant fatigue produces more labored respiration, which also reacts unfavorably on the affected lung. The author keeps his patient in the recumbent position eight days, after the temperature has become normal.

Early aspiration is highly recommended by Didima (11). When percussion shows the presence of fluid, even if the amount does not show an estimated half pint, aspiration is performed. A repetition of the operation is scarcely ever needed. Convalescence is rapid, unattended by great prostration and recovery is complete.

A case of pleurisy complicating labor is reported by Gunn (12). Delivery by the long forceps was necessary. He ascribed the inability of natural labor delivery to the pleuritic fluid preventing uterine contractions or rendering their propulsive efforts useless.

(Ref. 1893 unless otherwise written.)

(1). Deutsches Arch. fuer Klinische Med. Vol. L., 1892; University Med. Mag., April 90, Feb.: 147, April: 5 May: 26 April, 1.

(2). Zeitschrift fuer Clinische Med. XXI, 1892.

(3). 99, Aug. 10; 996, Mar. 10; Gazeta Lekarskan II, 12, 1892; 90 June 13; Mar. 15.

(4). N. Y. Med. Journal, June 24; Epitome of Med. Aug.

(5). Lancet, May 20: Epitome of Med., Aug.

(6). 3, Jan. 13; 151 April.

(7). 121 June; La Medicine Moderne, No. 27.

(8). L'Anne Medicale de Caen; Lancet Feb. 25; 1 Mar. II.

(9). Lancet June 24.

(10). 2 Aug. 19; Therapeutic Monatshefte, July.

(11). Jour. Am. Med. Association, Dec. 24, 1892; Epitome of Med., Mar., 1893.

(12). Lancet.

THE REAL VALUE OF THE MEDICINAL PEROXIDE OF HYDROGEN PREPARATIONS FOUND IN THE MARKET.

BY H. ENDEMANN, PH. D., CHEMIST.

Formerly with the Health Department of New York City.

My attention having repeatedly been called to several reports and analyses made by different chemists and published by some medical journals, I concluded to examine all the brands of peroxide of hydrogen which I could find on the market, in order to ascertain the real value of each when intended to be used as an antiseptic remedy, both internally and externally.

The reports on the subject which have come to my knowledge are quite contradictory, and my object is to impart to the medical profession the results of my experiments, which have been made on fourteen fresh samples, purchased by me in duplicate, directly from the manufacturers or their selling agents.

These brands have been tested for the

volume of available oxygen, the amount of residue, the degree of acidity, and the amount of soluble baryta salts contained therein, as per following table:

BRANDS.	Volume of Available Oxygen, determined by means of a solution containing 5.665 Grammes of Permanganate of Potash per liter of distilled water.	Residue obtained from 100 C. C. of Peroxide of Hydrogen dried at 120 degrees C.	Acidity expressed in Cubic centimeters of Normal Volumetric Soda Solution for 100 C. C. of Peroxide.	Baryta found in Soluble Baryta Salts contained in 100 C. C. of Peroxide
No. 1. John Bene's Peroxide of Hydrogen Medicinal	10.50	0.1886	2.19	None
No. 2. Hydrozone	27.35	0.2180	3.11	None
No. 3. Larkin & Scheffer's Peroxide of Hydrogen Medicinal	9.65	0.1206	6.75	None
No. 4. Mallinckrodt's Peroxide of Hydrogen Medicinal	9.55	0.1408	1.43	None
No. 5. Marchand's Peroxide of Hydrogen Medicinal	16.55	0.564	1.29	None
No. 6. McKesson & Robbins' Peroxide of Hydrogen Medicinal	10.95	0.0540	0.44	None
No. 7. Merck & Co.'s Peroxide of Hydrogen Medicinal	9.50	0.2418	4.57	None
No. 8. Oakland Chemical Co.'s Peroxide of Hydrogen Medicinal	10.50	0.0382	0.34	0.0017
No. 9. Peuchot's Peroxide of Hydrogen Medicinal	10.60	0.4674	1.77	0.0018
No. 10. Powers & Weightman's Peroxide of Hydrogen Medicinal	8.40	0.0830	2.03	None
No. 11. Pyrozone, 3 per cent	11.20	0.0534	0.76	None
No. 12 Rosengarten & Sons' Peroxide of Hydrogen Medicinal	5.10	0.1002	0.25	None
No. 13. Smith, Kline & French Co.'s Peroxide of Hydrogen Medicinal	6.15	0.0880	2.6	None
No. 14. E. R. Squibb's Peroxide of Hydrogen Medicinal	12.40	1.004	12.04	None

By referring to this table it is easily understood that sample No. 2, "hydrozone," is far superior to any other brand which has ever been made, not only on account of its containing a much larger amount of available oxygen, but also owing to the presence of a small quantity of several essential oils, the respective nature of which could not be determined, very likely because they have been submitted to the oxidizing action of peroxide of hydrogen before being used to make "hydrozone."

I attribute to this small quantity of essential oils the great superiority of hydrozone over any other brands of H2 O2 as a healing agent.

When hydrozone is diluted with distilled water, in the proportion of half and half, the resulting mixture contains about 13.5 volumes of available oxygen, and its bactericide power still remains the same as the bactericide power of sample No. 5, which contains 16.55 volumes of available oxygen.

Sample No. 14 comes next to sample No. 5, but it is readily seen that the degree of acidity is entirely too large for a preparation which is to be applied to the most sensitive diseased mucous membranes.

Sample No. 11, called "Pyrozone" which contains 11.20 volumes of available oxygen, is quite similar to sample No. 6, with the exception that the latter contains a small quantity of salicylic acid. Very likely the salicylic acid has for its object to increase the bactericide power, but, unfortunately, I fear that it impairs the keeping properties of this preparation.

Acidity.—The 14 brands which I have

examined contain free acids (phosphoric, sulphuric, muriatic); and I must say that peroxide of hydrogen medicinal should never be made neutral before using, even in the most delicate cases. Neutral peroxide of hydrogen rapidly decomposes under all conditions of exposure.

The keeping properties of H2 O2 solutions vary a great deal with the degree of purity and the percentage of free acids contained therein.

If the proportion of acid is too large, the profession well know that it acts as an irritant upon diseased surfaces. If it is too small, the solution don't keep well.

My opinion is, that a standard solution of medicinal H2 O2 must answer the following tests:

1. It should contain at least 15 volumes of available oxygen.

2. The quantity of free acids contained in 100 cubic centimetres should require not less than 1 c. c. and not more than 3 c. c. of normal volumetric soda solution, to be made neutral. Such a small quantity of free acid is not objectionable.

3. It should not contain any soluble baryta salts.

4. It must be free from sediment.

It is to be noticed that the brands No. 7 and No. 12 are valueless.

The brands No. 8 and No. 9 are not fit for medicinal uses, owing to the fact that they contain traces of soluble baryta salts.

The brand No. 3 has a heavy sediment of sulphate of baryta, which may be considered inert towards the system, but it is certainly detrimental to the keeping qualities of this preparation.

Brand No. 14, which is sold as a ten volume solution, is really twelve volumes, but it is too acid. Brand No. 5, which is sold as a fifteen volume solution, is really 16.55 volumes, viz.: About ten per cent. above the standard.

The brand No. 2, which is sold without any mention of volume, is really a 27.35 volume solution, viz.: Ninety per cent. above the standard.

None of the other brands come up to the standard, but on the contrary they run from 35 to 55 per cent. below.

—25 William street, New York City.

The cost of drugs and medicines
Are having such a fall,
Cut prices will bring sicknesses
Within the reach of all.

—Judge.

REMOVAL OF THE HEAD OF THE FEMUR FROM THE LESSER SCIATIC NOTCH.

BY B. MERRILL RICKETTS, PH. B., M. D., CINCINNATI.

Joseph C., aet. 41, was injured about October 1, 1893. He was white, American, 6 feet 1 inch tall, weighing 230 pounds. While making some excavation he was covered with dirt. It was found upon examination that the head of the femur was injured, fractured in some way or other, and that it was necessary to place him upon his back and treat it accordingly. The toe was everted, the heel elevated, the pain severe. At the end of several weeks the patient was pronounced well and left the hospital with an inch and a half shortening and slight eversion. There was ankylosis at the hip joint, the pain was severe; he several times attempted to return to his duty, that of superintendent, and as many times was compelled to give it up on account of the severe pain and discomfort. He visited another city, and while there the ankylosis at the knee joint, as the result of long-continued confinement in bed, was broken up. On July 14, 1894, I was consulted with reference to a condition seldom met with, aside from the pain in the hip joint.

Upon climbing stairs or walking very rapidly he would have a slight tickling sensation in the calf of the injured left leg, followed by an erection of the penis and the ejaculation of seminal fluid. This had become very annoying and humiliating. Upon examination I decided that there had not only been a fracture but a dislocation of the head, probably backward and downward, and that it was this dislocated head which was producing the unpleasant trouble. I therefore advised an exploratory incision to determine the state of affairs existing in and about the hip joint, not however, until I had made him thoroughly acquainted with all the risks attending such a procedure and the shortening that would ensue if the head of the femur was removed. However, I deemed it proper and wise to have consultation, especially from a legal point of view, there being a suit for damages already pending in the courts. In consequence thereof, I asked Drs. J. L. Cillet and W. E. Lewis to assist me in a more thorough

examination. Each of them believed that some abnormal condition existed, and agreed with me that an exploratory incision was necessary. The head could not be found, and it was in doubt on their part as to whether or not anything more than a fracture had taken place.

As a result of our conference on August 2, in their presence, the patient being under the influence of chloroform, I made a Langenbeck incision down upon the great trochanter, my object being to do whatever was found necessary. The bone upon being reached was divested of all the muscular attachments. It was found that there was a great amount of bony tissue thrown out during the process of repair—a very large mass indeed—in and about the acetabulum. Upon reaching the lower border of this mass of new bony formation I found a most peculiar state of affairs. I found the head of the femur resting on the lesser sciatic notch, and that it was small and somewhat absorbed. Its position, therefore, accounted for the irritation of the nerves supplying the genito-urinary organs. I soon found that it was impossible to remove this head without making a counter incision, which would have complicated matters to a very serious degree, especially as the hip was fleshy and enormous in size. I endeavored to prevent shortening of the leg any more than already existed, but it being impossible to dislodge the head in the lesser sciatic notch, I found it necessary to saw off that portion of the bone above the remaining head, remove it and make a new acetabulum which would admit of the reduction of the head. After dividing the femur between the new mass of bone and the remaining head with the Wyeth saw I soon discovered what had taken place at the time of the original accident.

The head had been dislocated backward and downward, leaving a portion in the acetabulum. After the remaining head, attached to the neck, had been dislocated backward and downward, the neck was fractured, the shaft run up one and one-half inches above its original point, leaving the disarticulated head in its new position to become attached, which it had done, to the shaft itself, the trochanter therefore being a little above its normal position. This allowed the inner portion of the shaft, from which the disarticulated head had been detached, to become adherent to that portion lying in the acetabulum. This therefore accounted for the great mass of new bony tissue, which was about three and one-half inches long and at least two to two and one-half inches wide. It also accounted for the peculiar position of the foot, the eversion of the toe and elevation of the heel; in fact, accounted for all the conditions found. A drainage tube was inserted, the wound closed with silkworm gut and dressed without even the ligation or tortion of an artery. However, slight hemorrhage continued, in spite of the external portion of the wound being packed. The patient was placed in bed, the leg drawn down and kept in position. The pain was quite severe and the hemorrhage continued for twenty-four hours, when I opened the wound to investigate its source.

I found the oozing was from the bone, which had been chiseled away to the end of the femur. The amount of denuded bone surface was extensive, and therefore accounted for the continuous flow of blood. I packed the surfaces firmly, hoping it would prevent further hemorrhage. At the end of thirty-six hours another examination was made and it was found that the hemorrhage was somewhat less. At the end of forty-eight hours another examination was made and the hemorrhage was still diminished. It was not until the end of seventy-two hours that blood ceased to flow from the denunded bone surfaces, thus showing that I should have used the cautery at the time of the operation to prevent this outflow. I would here suggest and most earnestly advise the use of the cautery in all resections where new bone is involved or where the amount of denuded bone surface is extensive, or even whether extensive or not if blood oozes from the surfaces at the time of the operation. The patient has made a good recovery, although tedious, and like all such cases has been a great care, he being a large, heavy man and having suffered considerably.

At no time has he had any kind of support for his leg, other than pillows and blankets, There is about four and one-half inches shortening, with ankylosis at the hip joint. He has good knee motion, and will ere long be able to assume the responsibilities of his former

occupation. I report this case to show how little is known what of takes place within a mass of muscular and adipose tissue. It has been said that all operations upon the abdomen are exploratory, and it might be well said that diagnoses cannot be made in cases of fracture or dislocation without an exploration. I mean positive diagnoses. The question, therefore, arises, What is our duty to ourselves as well as to our patients in these complicated fractures and dislocations, where doubt exists as to their character? Especially may this question be asked where the results are not what might have been expected.

DIVERSITIES OF THE URINE.

Many articles of food, besides drugs and diseases, influence the normal characteristics of the urine. By some of these it is changed in odor and color. Various drugs and diseases alter the proportion of its ingredients, while quite a number of drugs pass through it practically unchanged.

Asparagus, cauliflower, rhubard, saffron and garlic, and cubebs, copaiba and sandalwood endow it with their respective odors. Sugar (as in diabetes) gives it a chloroformlike smell, sometimes an odor like cider. Turpentine and phosphorus recall the fragrance of violets; sulphide of calcium, a savor of stale eggs. Excess of phosphates suggest the flavor of chicken or mutton broth; excess of urea renders it conspicuously "urinous;" the presence of cystine evolves an odor at first resembling sweet brier, later on like sulphur; in diseases of the bladder and spinal cord, in advanced typhus fever and in the second stage of exudations, it is ammoniacal, and in acute rheumatism it is acidulous.

Gallic and carbolic acids, and tar, creosote, resorcin and iodine darken it. Logwood, madder and beets, and the presence of urœrythein (as in fevers) redden it; rhubarb, senna and other agents containing chrysophanic acid change it to orange-color, and gold and gamboge make it golden-yellow. Indigo lends it a bluish tint; sulphur, a grass-green. Bile and santonin render it greenish-brown; excess of chyle, milky-white. In hemorrhage from the kidneys it is coffee-colored or of smoky hue, when acid; florid red, when alkaline; also florid-red when the blood comes from the bladder, prostate or urethra, and after undue administration of phosphate or cantharides, after large doses of lavender, digitalis, tannin and alcohol, and in insipid diabetes, granular kidney, hysteria and most neuroses it is almost colorless.

The normal urea and phosphates of urine are increased by a meat diet; by the administration of phosphorus, ammonia, tartar emetic and arsenic; and in diabetes and many acute fevers. A vegetable diet and fasting, uremia and cachexia diseases, diminishes them. Urea and uric acid are both increased by salted foods, salts of soda and potash and ammonia; and in gout, rheumatism, erysipelas and heart disease, and they are diminished by tea and coffee, by conchona, arsenic and lead, and in chronic gout, excessive debility, cholera, anasarea, low typhoid, nephritis, hysteria and atrophy of the liver. Phosphates are increased by a meat diet, and by administration of phosphorus; in acute fevers, enlarged prostate, vesical catarrh and diseases of the bones; and diminished in cardiac, venal and chronic cerebral diseases, and in severe dyspepsia.

Chloride of sodium is increased by a salt diet and exhaustive work; and in diabetes, insipidus and dropsy with duireses, and diminished by insufficient salt, and in acute fevers, febrile albumenuria and some skin diseases. In pneumonia, scarlet fever, acute rheumatism, jaundice and atrophy of the liver, it is often temporarily absent.

Oxalate of lime is increased by beer; by rhubarb, tomatoes and other vegetables, and in prolonged lactation, spinal disease, hypochondriasis and chronic dyspepsia.

Hippuric acid is increased by vegetable diet and milk, by greengages, whortleberries and other fruits; by administration of benzoic acid and in diabetes, leucemia and some febrile conditions. It is diminished by animal food.

Kreatinine is increased by vegetable diet and in pneumonia and phthisis; and diminished in kidney diseases and inanition.

Lystine is increased in scrofula and chlorisis.

Indican is increased by animal food, and in cholera, chlorisis, cancer of the

stomach and liver, obstructions of the small intestines, spinal meningitis and disease of the supra-renal capsules. It is derived from the albumen of the food and tissues.

Sulphates are increased by meat diet, by administration of liquor potassia and Epsom salts and Glauber salts, in rheumatic fever and some skin diseases, and in chorea and other nervous diseases involving violent muscular movements.

Digitalis, corrosive sublimate, nitric acid, colchicum, copper, arsenic and bichromate of potash in extreme doses cause suppression of urine.

Excess of alcohol produces uric acid, cylindrical casts and leucocytes in the urine; excess of beer diminishes them. Chlorate of potash, quinine, cantharides and lead produce albumen; cheese makes urine acid; potatoes and sugar make it alkaline. Normal urine presents a transient white foam, when shaken. In the presence of sugar or albumen this foam is slow to depart, and when biliary or blood coloring matter (uroerythrin) are present, it is tinged with yellow.

Quinine, borax, carbolic acid, arsenic, chloroform, iodide and chlorides of ammonium, potassium and sodium, bismuth, glycerine, zinc, mercury, hyposulphites, and most of the potash salts pass out through the urine unchanged.

LOUIS LEWIS, M. D.
2011 Arch street, Philadelphia.

MEMORY SITS ON THE RIGHT.

The memory remains intact and in perfect working order in cases where the left side of the brain is badly diseased or even if portions of it have been removed. From this the natural inference is that the right side of the brain is the seat of that most remarkable faculty. Lieutenant Brady, who lost a portion of the right side of the brain from a gunshot wound while in Assam, where two-thirds of the officials are negroes, suffered a remarkable lapse of memory. After he had fully recovered he knew and could call by name all his white associates, but the negroes, whom he formerly knew as well as the whites, were perfect strangers to him.

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PHILADELPHIA, DECEMBER 15, 1894.

OUR PLANS FOR 1895.

So far as at present matured, our plans for the next volume of the "Times and Register" will give our subscribers an extra value for the money expended.

We shall add four more reading pages to the present number, making twenty each week, in place of sixteen. The type will be materially enlarged to the size usually employed in such magazines as the Cosmopolitan, which will make the journal much more readable to the older members of the profession.

Several minor changes will be made in the style of the journal and the make-up of the departments. The editorial staff will remain unchanged, except for the addition of Dr. Henry Burchard, on subjects pertaining to philosophy.

Beginning with the first number in January, or soon after, and continuing until finished, an important original article will be published on the subject of phthisis pulmonalis, by the editor, Dr. F. S. Parsons. This article will consider many new points in the etiology of tuberculosis; will show the probably true value to be placed on the tubercle bacillus, as a symptom only; will determine on what the etiology of this class of diseases must depend; will indicate important early symptoms, before bacilli appear; and consider practical treatment.

Articles are now in preparation on several useful drugs and therapeutic agents which will also be of value.

The department of electro-therapeutics will contain further valuable original work by the able editor of this department, Dr. Monell.

The department of surgery will continue to be ladened with practical and useful discussions of surgical affections taken from foreign and home exchanges, besides many timely criticisms and suggestions by its eminent editor, Dr. Manley.

The department of medicine will be supported in a like manner mostly from the latest French exchanges, translated by its editor, Dr. Bing.

Dr. Tenney is intending to contribute to the department of ophthalmology some valuable material for the general practitioner, culled from the recent Edingburgh meeting, which he attended.

The department of therapeutics will, as usual, contain able contributions by Dr. Lewis, and the other members of the staff have promised to contribute from time to time, as has been their custom in the past.

Not the least among our departments will be the addition of a section on philosophy, under the charge of Dr. Henry Burchard. This will occupy space at least once a month, and contain some very interesting reading.

We shall strive from time to time to insert short articles of travel as occasion presents.

In view of the above prospectus the publishers of the "Times and Register" feel confident that for one dollar a year no physician will feel that he can do without this journal for 1895. The low price of this weekly will enable every physician in the country to "afford" it, and, on account of the rapidity with which the subscription list is enlarging, the publishers would appreciate the favor greatly if our subscribers, whose subscriptions expire on January 1 would renew at once and save unnecessary confusion, which will occur if the subscriptions are allowed to run out before renewal is made.

The publishers also invite the attention to their advertisement of the several other journals with which the "Times and Register" combines. Much money can be saved subscribers who desire to take more than one journal.

THE PARASITIC ORIGIN OF CANCEROUS DISEASE.

Again we return to the subject of malignant disease; and it may be worth while, for a moment, to turn our attention to the present status of the etiology of cancer from a biological standpoint and the proofs of its parasitic origin; for, once that we are able to definitely fix its mode of attack, we will be the better prepared to radically deal with it.

It is true that the great discovery of Koch of the tuberculosis germ has in no way modified our treatment; though it may possibly have aided in prophylaxis. But, not so with diphtheria, for, if we are to believe the latest reports from the most authentic sources, the discovery by Loeffler has been swiftly followed by a remedy for scourge, as harmless to the patient as it is prompt and radical in its effects.

But, alas for cancer! We must admit that status-praesans, is in no way in advance of where it was centuries since.

The microscope has enabled us to follow the cellular metamorphoses, and the more definitely to fix the true character of hyperplastic changes; but at this line we must stop.

The latest has been a parasitic theory. Various alleged discoveries were made in this direction by Sandekevich, Albarean, Sinotchenko, Fox, Cuttle and others. Karotenkoff has at length described his rhapolacephelus; others, various types of coccidoa, so that, for a time, it seemed that at last the horizon had been cleared, and the way was now open for a rational therapy.

But the later and most minute studies of many of our most eminent observers in experimental and scientific research have proven beyond doubt that those spores and protozoa, so commonly found in the nuclei of cancer, are but adventitious elements aften met with in various types of inflammatory effections, which involve the epithelium; that they are not specific nor characteristic, and hence possess no definite relation with malignant disease.

The problem is yet unsolved. In the meantime, while the labors of our investigators go on we must treat each case on its special merits.

If we cannot always permanently arrest the ravages of this cruel malady, anesthetics and antiseptics have enabled us to afford the suffering a truce by such surgical procedures as will not endanger life, and often so change the current of the disease that it may fix itself on some internal organ and painlessly end life.

OUR TRIP TO HOT SPRINGS.

BY J. R. CLAUSEN, A. M., M. D.

At 8.15 o'clock Sunday evening, November 18, amid many hand-shakings and farewells, and a few hearty cheers, the big special train pulled out of the depot, at St. Louis, bound for Hot Springs, Arkansas. About 300 physicians, many accompanied by their wives, filled the comfortable seats of the Pullman coaches, all delegates to the twentieth annual meeting of the Mississippi Valley Medical Association, held at Hot Springs, November 20, 21, 22, 23.

We had left Philadelphia several days before, and reaching St. Louis on the evening of the 17th, had a good opportunity to study the personnel of the delegates arriving by every incoming train. Here we met Dr. Ricketts, the eminent surgeon, of Cincinnati, O. Dr. Love, the talented editor of the St. Louis "Medical Mirror" whose wife and child accompanied him on the trip. Dr. S. C. Martin, Jr., business editor of the "Medical Era," St. Louis, and C. W. Fassett, business manager of the St. Joseph "Herald," in company with his talented and beautiful wife. Those, however, who attended the convention at Hot Springs, Va., and who had met her little ladyship, were much disappointed that little Brownie did not accompany her parents.

After an hour or more spent in the effort of getting better acquainted with each other, the thoughts of the travelers turned to tired nature's "sweet restorer," and the regular preliminaries over, which embraced the usual contention as to who should occupy upper berths, all were enjoying that repose which is supposed to be the outcome of a clear conscience, though ever and anon a resonant snore proclaimed the fact that some consciences were in a more or less congested condition.

By 9 o'clock next morning, Monday, November 19, Little Rock, the capital and largest city of Arkansas, was reached. A committee of citizens were in waiting to receive us, and the now thoroughly hungry excursionists were conducted to the hotel, where they quickly disposed of a most inviting breakfast.

After breakfast carriages were provided, and all the principal points of interest about the city visited. Too much cannot be said in praise of Little Rock. Its streets are wide, beautiful and well kept, its business structures imposing, its citizens courteous, energetic and progressive.

After a morning spent in sight-seeing the delegates were again driven to the hotel, where a magnificent collation awaited them. After dinner Dr. J. W. Love, ex-president of the association, in a graceful speech, thanked the citizens of the town, through their committee, for their most courteous reception.

Again we were conveyed to the depot, and at 2.15 P. M. we steamed out of Little Rock en route for the springs.

At Malvern the train was met by a committee of citizens and physicians from Hot Springs, who proceeded to divide up the delegates, who, under their escort, were to be conducted to the different hotels. In this work they were ably assisted by Colonel H. C. Townsend, the talented passenger agent of the Iron Mountain Railroad Company, who accompanied the excursionists to Hot Springs and remained there during the entire session. It was largely through his efforts that the meeting was so well attended, he having provided greatly reduced transportation for the delegates. He did much to make himself popular with the excursionists, and his uniform courtesy and gallantry will long be remembered by them.

Talking of gallantry leads us to say a word as to its display by one handsome fellow-delegate, Dr. Martin. The ladies were the objects of his special attention—perhaps we should say devotion—and we greatly fear he has left some heart burnings among the pretty girls at Little Rock and Hot Springs.

When Hot Springs was reached we found that every provision had been made for the comfort and entertainment of the delegates. Some were quartered at the Arlington, the largest and handsomest hotel in the place, and others at the equally popular Park. On the evening of the 21st a ball was given at the Arlington, and was a largely attended and most brilliant affair. On the 22d a banquet was given the delegates at the Park Hotel, covers being laid for 400 guests. Dr. I. N. Love, ex-president of the Association, acted as toastmaster, and filled the role in a most capable manner. The first speaker introduced was Dr. Scott, presi-

dent of the Association, whose magnificent beard of amber hue secured for him the introduction of "the man who wears his golden hair down his front." Though the writer retired from the board early in the night, he is credibly informed that the stars had paled in the light of dawn before the last tardy guests left, or, perhaps, were assisted from the table.

The proceedings of the Association in detail have already appeared in the columns of this journal. Many able and interesting papers were read and discussed, and many thoughts were advanced that will long engage the attention of the medical fraternity.

ELIMINATIONS.

Since the professional world has been so far carried away with the modern studies of biological science, and led into the mysterious labyrinths of bacterial investigation, we have neglected very much of the practical side of the healing art for the more seductive but less useful field of scientific research.

Everything has been left at the door of the germ, as though this living atom were the sole etiological factor in disease; with the consequence that, though our knowledge of the processes which attend disease are broader, yet on lines of treatment it certainly is an open question whether any real progress has been made.

An old doctrine, which yet survives, is that under various influences the organs of elimination were not up to the demands of the economy, and in consequence there might be danger of autotoxemia; therefore, in order to preserve the balance, in metabolic processes, we must apply such a therapy as will stimulate the excretory glands to act and rid the system of such deleterious elements as may be stored up through pathological or functional conditions.

Purging, emesis, diaphoresis, etc., with even a timely phlebotomy may often save life when certain so-called symptom-remedies accomplish no benefit whatever.

Let more attention, then, be given to elimination as a factor in the treatment of every type, for it constitutes the foundation stone in a vast number of cases.

If our patient has a sore which will not heal, let us first see to it that he has no malarial poisoning, syphilis or scurvy, that his liver, kidneys and other emunctories are doing their work.

It is well enough to maintain nutrition, but to everlastingly cry "nourishment! nourishment!" while the lethal elements of disease are gathering in increasing numbers is one of those mistakes, based on an improper knowledge of disordered health, and is as stupid as it is vicious and irrational.

OURSELVES, AS OTHERS SEE US.

The following item appeared recently in the "Journalist," an excellent New York periodical, which may be of interest to our subscribers and others.

"Dr. Frank S. Parsons, of Philadeldelphia, editor and manager of the "Times and Register"—a very bright medical weekly—has introduced a new and pleasant departure into that branch of professional journalism. He gives in each issue some well written article on travel, science or philosophy, and thus adds to his journal a semi-magazine flavor. It has been well received by the profession, who seem to have long wanted a little variety in their regular reading."

Chronic enlargement of the tonsils will be benefited by painting every other day with a mixture of one-third compound tincture of iodine to two-thirds glycerine.

* * *

A mixture of ten parts of chloroform, fifteen of ether, and one of menthol, used as a spray, is recommended as an excellent and prompt means of obtaining local anesthesia lasting for about five minutes.

* * *

It is authoritatively stated that a very efficacious application for barber's itch is an ointment containing three per cent. of pure sulphuret of potassium.

* * *

A vibrating helmet for the cure of nervous headaches has been devised by a French physician. It is constructed of strips of steel, put in vibration by a small electro-motor, which makes 600 turns a minute. The sensation, which is described as not unpleasant, produces drowsiness; the patient falls asleep under its influence and awakes to find that the pain has ceased.

Surgery.

Under the charge of T. H. MANLEY, M. D., 115 W. 49th St., New York.

THE OPERATIVE TREATMENT OF GASTRIC ULCER.

A case is reported by Dr. Kuester, successfully operated upon for profuse and frequent hemorrhages from a gastric ulcer in a young woman 21 years of age. Upon opening the stomach a large ulcer was seen with undermined edges on the posterior wall near the pylorus and a cherry stone was removed from its bottom. It was adherent to the pancreas. No attempt was made to cut out the ulcer or break down the adhesions. Its base and edges were burnt with the thermocautery. The pyloric orifice could not be found, so gastro-jejunostomy (2½ inches wide) was chosen in preference to a pyloroplasty. The coaptation was done with sutures. Pyloroplasty is a much less grave operation and should be selected when its execution is practicable in simple occlusion or narrowing of the pyloric orifice. The practice of burning gastric ulcers has its immediate and remote dangers in the sloughing of the eschar and the cicatricial tissue formed. Excision is more surgical.

—Centrabl. f. Chir., No. 30, 1894.

OPERATION FOR FISTULA IN ANO.

Dr. James Swain, after having successfully tried Trevenard's method of treating fistula in ano, recommends it very highly.

The operation is done as follows: After complete anesthesia a sound is forced into or through the fistulous tract, according as to whether the fistula is complete or incomplete, and all the tissues are layer by layer dissected through until the indurated tissue of the fistula is laid bare; then with a strong pair of forceps this tract, together with the sound, is grasped at the upper end of the canal and dissected out. Secondary burrows are next sought for and dissected out in their turn. The wound is now closed by interrupted catgut sutures, which must extend beyond the bottom of the wound, so as to approximate the deeper structures. Dr. Swain even advises the method in the most complicated and also in tubercular cases. He claims the advantages are:

1. Less risk of secondary infection of the wound from the rectal secretions.
2. Shorter time required for cure.
3. The functional integrity of the sphincter is absolutely maintained.

—British Medico-Chirurg. Journal, Dec., 1893.

OBLITERATION OF THE SUPERIOR VENA CAVA.

According to the Paris correspondent of the Lancet (Med. Record), Dr. Merlin has published the details of a case of plugging of the superior vena cava —a very rare phenomenon; but what constitutes a still greater rarity, is the recovery of Dr. Merlin's patient, who has since (a space of four years) remained well. His patient was a man aged 34, who, after an effort, was affected with a swelling of the face, which, spreading to the whole head, rendered it of an enormous size. The cheeks were puffed out, edematous, the eyes bulging out of the orbits, the lips (especially the lower) double the normal volume, the tongue swollen so that the mouth could hardly contain it, and articulation was difficult. The edema of the neck was great, the circumference having increased from 39 to 56 centimeters. The jugular veins were dilated and the establishment of collateral circulation was apparent from the presence of varicosities at the base of the neck. The edema was marked as low down as the base of the thorax, and the patient had attacks of dyspnea. The voice was cavernous, cough was frequent and deafness was complete. The upper extremities were much less swollen than the face or trunk. Below the umbilicus there was no edema. The patient denied having had syphilis. He was nevertheless ordered one drachm of potassium per diem, with the result that considerable improvement began as early as the second day. The improvement continued progressively, and he was discharged in a month cured. As above mentioned the recovery has been since (for four years) maintained.

Ophthalmology.

Under the Charge of J. A. TENNEY, M. D., 2 Commonwealth Ave., Boston.

SUPPOSED DISEASE OF THE CILIARY GANGLION.

S. Johnson Taylor, M. B., reports a case in the Ophthalmic Review of supposed acute disease of the lenticular ganglion, following orbital cellulitis.

The globe was congested, the pupil dilated, the vision somewhat impaired, and the ocular tension considerably increased. There was pain around the eye, and proptosis. All of these symptoms, except the last, would seem to indicate glaucoma; but the opthalmoscope did not reveal that disease.

The patient, a lady, was 49 years old, and had myopia of 16 D. in both eyes, rendering an examination of the accumulation of little use. There was no history to point to a gummatous tumor; but mercury and potassium iodide were prescribed.

In a year the pupils responded feebly to light. The doctor excluded a nuclar affection of the third by the history, rapid onset, associated symptoms and progress of the affection.

J. A. T.

CILIARY SPASM.

M. Desbrieves, in the Gazette des Hop. de Toulouse, cites a case of artificial myopia of 6 D. The patient was a man 26 years old. The spasm took place after a severe paroxysm of pain lasting about fifteen minutes, in the course of an attack of migvaine. The installation of a solution of atropine proved the patient to be emmetropic; and after the attack had gone by, no spectacles were needed.

J. A. T.

QUININE AMAUROSIS.

Dr. J. H. Claiborne reports in the American Journal of Ophthalmology a case of almost total blindness caused by overdoses of quinine.

The patient had not been feeling well for some time, and for a week he had taken fifteen or twenty grains of quinine a day, which gave him some relief. He had been sleeping badly, so one night he determined to have a good night's rest, and took nearly a handful of quinine pills. He remembered nothing after that for several days. When he came to consciousness he found he was perfectly blind.

When Dr. Claiborne saw him, eight days after he took the pills, he had no light perception in either eye, but complained that he saw many colored figures that changed their hue, red being the prevailing color. The optic discs were pearl white.

He ultimately recovered enough vision to see objects at a distance dimly by diffused or reflected light. He could not see them at all when strong light shone directly upon them. Deafness went with the amaurosis at first, but this entirely disappeared.

The writer saw a case of this kind in Philadelphia in Professor Thomson's clinic, in 1881, when quinine amaurosis was almost unknown to the profession generally. A young man took fifteen grains of quinine for malaria. The next morning he was perfectly blind in the right eye. Vision never came back. There were no appearances of hemorrhages or any other intraocular disease, except a perfectly pallid optic disc, and contracted retinal vessels.

Dr. H. C. Wood has since reported a case of temporary blindness following a dose of 12 grains of quinine, and Dr. E. T. Sabal, of Jacksonville, Fla., saw a young lady who had temporary blindness after taking 20 grains of quinine sulphate.

The symptoms of this form of amaurosis are: Sudden blindness, either partial or total; marked pallor of the optic nerve, contracted retinal vessels, dilated pupils, which do not respond to light, and partial or total color blindness. Recovery takes place in many cases, but no treatment seems to affect the disease.

J. A. T.

Therapeutics.

Under the charge of LOUS LEWIS, M. R. C. S., Philadelphia.

VALUE OF GOOD MALT PREPARATIONS.

In a recent issue of the New York Medical Journal, Dr. Eccles, of Brooklyn, comments on the dangers of substitutions in the malt preparations, as follows:

"Dextrose syrup, under the commercial name of glucose, is only worth from a cent and a half to two cents a pound if bought in large quantities. It is of about the same consistence as a thick extract of malt, and could easily be used as an adulterant. A pure malt preparation costs vastly more, so that the desire to mix them is quite tempting to an unscrupulous person. The practical difficulties in the way of detecting such an adulteration are so great that but few would go to the expense or trouble. When the writer had definitely settled upon writing this paper it was resolved that the investigation of the point here raised was important. What would be the use of advocating the advantages of a malt extract to overcome certain evils when the presence of glucose in that very extract would augment the evils sought to be overcome? The easiest way to settle the question was to visit a place where malt extract was manufactured and look out for signs of glucose. Had a factory been near New York where a low grade article was made, our choice for a call would naturally have been to it. Fortune did not favor us in this respect. The only manufactory in this part of the country is one having the reputation of supplying the most active diastatic preparation on the market. I visited Yonkers, went to the extensive works of the Maltine Company, and asked to be shown around. On learning who the visitor was, the chemist in charge took particular pains to show and explain their various processes. He showed me the barley, wheat and oats used, the different preparations that they make, and the machinery employed. I examined their vacuum pans, their malt mills with their fine vernier adjustments for cutting, their great stock of coca leaves for making their maltine with coca wine, their agitators, and their bottling machines. He showed me where they assayed the finished product to determine its diastatic value before sending it out.

"We went down into the storage basement and up in the garret, and keeping my own counsel while watching eagerly for glucose, I found none anywhere or anything tnat indicated its presence in or around the place. The chemist told me that he had lately succeeded in shortening one part of his work three-quarters of an hour, and so adding to the diastatic value of maltine, high as it was before. He pointed out what was already a familiar fact to me, the great value of maltine as a nutrient, independent of its diastatic power. Practical, clinical experience of its value is abundant. It contains not only the maltose from the digestion of its starch, but the albuminoids of wheat, oats, and barley besides. Chemical analysis places it in the front rank of digestive agents, and a most careful examination of its composition fails to reveal the presence of glucose."

DISINFECTION OF TUBERCULAR SPUTUM BY PARACHLOROPHENOL.

According to "The Medical Week," Dr. A. Spengler has found that parachlorophenol infallibly kills Koch's bacillus. He injected into the peritoneal cavity of guinea-pigs one cubic centimetre of an emulsion of tubercular sputum, prepared either with ordinary water or with a two per-cent. parachlorophenol solution. On killing the animals some time thereafter those that had been inoculated with disinfected sputum were entirely free from bacillary infection, whereas those into which the emulsion unmixed with parachlorophenol had been injected presented, without exception, tubercular lesions.

ESERINE IN TETANUS.

Eserine injected hypodermically has cured tetanus in 12 injections of 2 milligrammes (1-32 gram) each after all usual means had failed.

—Rev. de Therap.

Miscellany.

THE TREATMENT OF GOUT WITH PIPERAZINE.

Among the long array of remedies that has been brought forward from time to time for the treatment of the gouty state, few have been able to secure a permanent foothold. Piperazine, although a newcomer, has already proved a decided acquisition to the materia medica of gout, and the following two cases recently reported by Dr. Heermann, in the Therapist, September 15, 1894, serve well to illustrate its efficiency.

The first case was that of a man aged sixty-six years, who had suffered for twenty years from so-called rheumatic attacks, which had been treated by sulphur baths. During his last attack he came under the author's care, who diagnosed true gout and prescribed lithium salicylate, which, however, was not tolerated. Other remedies of repute were also resorted to with unsuccessful results, and finally trial was made of Piperazine.

At first 8 grains pro die were administered for twenty days, and subsequently the double daily dose for a further thirty days. The action was extremely prompt, and a distinct improvement was to be observed even by the eighth day. After three weeks the patient was able to return to his work, and has continued it without interruption.

The second patient had suffered from gout for thirteen years, experiencing one or two attacks annually, which ordinarily lasted six to eight weeks. The last attack was successfully averted within three days with Piperazine and no relapse had occurred in five months.

Dr. Heermann reports a third case of periodical hemorrhages from the urinary tract with the passage of small calculi and gravel in the urine. The attacks of hematuria lasted two or three days and greatly exhausted the patient, and on examination with the cystoscope, the blood was found to be coming from the right ureter. Under administration of Piperazine the hematuria ceased for nine months, and the patient gradually gained in flesh and strength. These favorable results of Dr. Heermann have been frequently observed in similar cases.

Piperazine-Bayer, prepared by the Farbenfabriken of Elberfeld, may be obtained in half and one ounce vials or in tablets of sixteen grains each, which afford a convenient method of administering this remedy, as each tablet is equal to about the average daily dose.

A REMEDY FOR WHOOPING COUGH.

By R. E. Hinman, M. D., Atlanta, Ga.

Early in May of the present year I received, by the kindness of Schering & Glatz, a sufficient quantity of formalin to thoroughly test it under various conditions. The results prove beyond doubt its remarkable antiseptic properties. Its action as a general antiseptic I shall not dwell on, but desire to call attention to conditions where it showed peculiar and valuable characteristics, especially in whooping cough.

There is probably no disease of childhood so discouraging and intractable, and especially when it appears in juvenile institutions, so persistent in its development of new cases among the uninoculated. On the 15th of June whooping cough, being epidemic among the children at the Crittenden Home, near this city, I was requested to treat them. There were thirteen cases, in all stages, when the treatment given below was commenced. The patients were all placed in a closed room and a one per cent. solution of formalin was sprayed from an ordinary hand bulb atomizer for ten minutes three times a day, the spray being thrown above the heads of the patients, saturating the air and inhaled by them.

A marked improvement was noted within two days, and after two weeks' treatment all were well and no new cases have developed.

In age these cases ranged from three months to four years, with one exception, a girl of about fourteen, whose duty it was to operate the spray.

It was with this last case that the result was most marked. Previous to the use of the spray the paroxysms had been so violent that she would rush to

the open air and cling to some support, and cough until relief would come through sheer exhaustion. On the fourth day of the treatment the cough had so modified that only one or two comparatively mild paroxysms occurred, and after the fifth day none at all.

About the 20th of August, I treated fifteen cases of the same disease at the Inman Orphanage. Here I used the steam atomizer and a one per cent. solution of formalin for twenty minutes, three times a day, the room being closed as before. The result was better from the increase. Recent cases cured within a week, and all in ten days. The attendant, a woman of about 50, reported great relief from the effects of the spray of a troublesome bronchitis of years' standing.

These results undoubtedly prove the efficiency of the drug, and give it a definite position in the treatment of this harassing and heretofore intractable disease.

The simple method of application will appeal to all who have seen the disease in children's institutions, and experienced the difficulty of giving ordinary remedies.

In five cases of scarlet fever its modifying influence was immediate and marked, one comfort to the patients being the complete absence of flies and mosquitoes from the apartment after its use.

I am now testing its efficiency in two cases of pulmonary tuberculosis, but cannot report, as the treatment has only just begun. Its application to diphtheria suggests itself.

—New York Medical Times, November, 1894.

TAPE-WORM.

Prepare patient by dieting; at bedtime give purgatives suitable for removing excess of mucus, which probably covers parasite and may prevent the poison from reaching it. Sulphate of magnesia with tincture of jalap more effective than castor oil. If first dose does not operate, give purgative again next morning, followed by liquid extract of male fern, 1 drachm (4 grammes); one hour later, similar dose of extract, followed in two hours by large dose of castor oil with tincture of jalap. If necessary, Carlsbad salts or other saline aperient for several mornings before beginning active treatment. Two or three doses daily of some alkaline medicine also of use. Smaller doses of purgatives for children, with 1½ drachms (6 grammes) of extract, in two doses.

—Lancet, August 4, 1894.

HYROID EXTRACT IN SYPHILIS.

In the Indian army Dr. Menzies found the extract of thyroids very useful in grave syphilitic states.

The remedy caused the disappearance of all eruptions. Ulcers, granulated and ciactrices, lost their pigment. He also found it useful in ulcerating rupia of the face; eczema, with ulceration of the nasal passages; hereditary syphilis, with softening gumma. Menzies. considers this as a powerful skin tonic and valuable adjurant of mercury and alterants.

—Ind. Med. Gaz.

Two Rare Varieties of Strangulated Inguinal Hernia Complicated by Retained Testicle.—Heaton (Lancet) describes two rare cases of hernia. The first was in a man, aged 27 years, who had had a reducible congenital hernia on the right side with undescended testicle. Strangulation occurring, the sac was opened and gut readily reduced, but the patient died on fifth day after from symptoms of internal strangulation. On post-mortem examination the testicle was found toward the iliac fossa, where it had dragged with it a pouch of peritoneum which laid between the general peritoneum and wall of the abdomen. This pouch had a diverticulum which passed into the scrotum. At the time of the operation the included intestines had been pushed from the scrotal diverticulum up into the main pouch, the opening into which from the abdominal cavity had produced the constriction.

The second case, a man aged 45 years, had an undescended left testicle, which was accompanied by a lax bag of fluid. Symptoms of strangulation occurring, an incision over the tumor gave vent to two ounces of clear hydrocele fluid; a thick-walled tumor was found at the bottom of the sac, also an atrophied testicle. The swelling being opened, about six drachms of dark serum escaped and a ragged opening was seen leading into a third sac, which contained a coil of strangulated intestine. It was evidently a strangulated hernia which had in its descent pushed before it the enlarged tunica vaginalis of an undescended testicle as it lay in the inguinal canal—in other words, it was an example of the strangulated encysted hernia of Sir Astley Cooper.—Univers. Med. Magaz.